



003447



<b>SEND TO</b>		MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 176, JEFFERSON CITY, MO 65102												
FOR OFFICIAL USE ONLY		COMMENTS												
C C														
INSTALLATION'S EPA ID NUMBER										APPROVED	DATE RECEIVED YR. MO. DAY		189	
C F	T/A C 1												ST LOUIS	
1. NAME OF INSTALLATION														
GENERAL ELECTRIC CO.														
II. INSTALLATION MAILING ADDRESS														
STREET OR P.O. BOX NUMBER														
C 3	2455 CASSENS DRIVE													
CITY OR TOWN										STATE		ZIP CODE		
C 4	FENTON										MO		63026	
III. LOCATION OF INSTALLATION														
STREET AND NUMBER														
C 5	SAME													
C 6											STATE		ZIP CODE	
RCRA RECORDS CENTER														
IV. INSTALLATION CONTACT														
NAME AND TITLE (LAST, FIRST, AND JOB TITLE)										TELEPHONE NUMBER				
C 2	KARL CAREY										3143427809			
V. OWNERSHIP														
A. NAME OF INSTALLATION'S LEGAL OWNER										B. TYPE OF OWNERSHIP (ENTER CODE)				
C R	G. E.										P			
IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)														
A. HAZARDOUS WASTE ACTIVITY							B. USED OIL FUEL ACTIVITIES							
<input checked="" type="checkbox"/> 1a. GENERATOR <input type="checkbox"/> 2. TRANSPORTER <input type="checkbox"/> 3. TREATER/STORER/DISPOSER <input type="checkbox"/> 4. UNDERGROUND INJECTION <input type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below) <input type="checkbox"/> A. GENERATOR MARKETING TO BURNER <input type="checkbox"/> B. OTHER MARKETER <input type="checkbox"/> C. BURNER							<input type="checkbox"/> 6. OFF-SPECIFICATION USED OIL FUEL (enter 'X' & mark appropriate boxes below) <input type="checkbox"/> a. GENERATOR MARKETING TO BURNER <input type="checkbox"/> b. OTHER MARKETER <input type="checkbox"/> c. BURNER <input type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION							
VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE														
(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification use oil fuel is burned. See instructions for definitions of combustion devices)														
<input type="checkbox"/> A. UTILITY BOILER <input type="checkbox"/> B. INDUSTRIAL BOILER <input type="checkbox"/> C. INDUSTRIAL FURNACE														
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))														
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (SPECIFY)														
IX. FIRST OR SUBSEQUENT NOTIFICATION														
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.														
C. INSTALLATION'S EPA I.D. NUMBER														
<input type="checkbox"/> A. FIRST NOTIFICATION <input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)														
M O D 0 0 0 6 8 7 4 8 3														

